

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from 01/01/2000 through 01/22/2000	Date of election if applicable (Month, Day, Year) 11/07/2000 SUSAN J. BLACKSTON CITY CLERK CITY OF LOS ANGELES	Date Stamp RECEIVED NOV 15 PM 1:37 SUSAN J. BLACKSTON CITY CLERK CITY OF LOS ANGELES	CALIFORNIA FORM 460 Page 1 of 6 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored
(Also Complete Part 5.) | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Additional information received after filing:

3. Committee Information

I.D. NUMBER

991831

COMMITTEE NAME

Nakanishi for Senate

STREET ADDRESS (NO P.O. BOX)

2495 W. March Lane, Ste. 204

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267

(209) 477-7221

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 7095

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Vona Copp

MAILING ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624

916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
; District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1617 St. Marks Plaza, Suite D Stockton, CA 95202

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10/4/00

DATE

Executed on

9/29/2000

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

Statement covers period		CALIFORNIA FORM 460
from	01/01/2000	
through	01/22/2000	Page 3 of 6
		I.D. NUMBER 991831

1. Monetary Contributions	Schedule A, Line 3	\$ 4925.00	\$ 0.00	\$ 4925.00
2. Loans Received	Schedule B, Line 7	0.00	25000.00	25000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 4925.00	\$ 25000.00	\$ 29925.00
4. Non-monetary Contributions	Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 4925.00	\$ 25000.00	\$ 29925.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 5819.80	\$ 0.00	\$ 5819.80
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	5819.80	0.00	5819.80
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 5819.80	\$ 0.00	\$ 5819.80

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 132653.25
13. Cash Receipts	Column A, Line 3 above	4925.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$ 25000.00

21. Expenditures Made \$

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

Statement covers period
from 01/01/2000
through 01/22/2000

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I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/01/2000	Dr. Andrew Chen 521 S. Ham Lane, Suite A Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Delta Eye Medical	\$4,000.00	\$4,000.00	
01/01/2000	Mr.. Yo Kuniyoshi P.O. Box 181 Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self Employed	\$100.00	\$100.00	
01/03/2000	Mr. Tom Horita 3728 Gleneagles Dr Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Planner Dean Whitter	\$100.00	\$100.00	
01/05/2000	Dr. Carol J. Higashi 3908 Glen Abby Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RN Instructor Delta College	\$100.00	\$100.00	
01/11/2000	Mr. David Rea 2011 W. Lincoln Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Land Developer Self Employed	\$500.00	\$500.00	

SUBTOTAL \$ 4800.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 4800.00
- Amount received this period - unitemized contributions of less than \$100 \$ 125.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4925.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2000	
through	01/22/2000	Page 5 of 6
NAME OF FILER Nakanishi for Senate		I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$1,732.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS			\$4,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814				\$87.80

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 5819.80

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 5819.80
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5819.80

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule G

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2000	
through		01/22/2000
Page 6 of 6		I.D. NUMBER
		991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide (#595004) 1658 W. Carson Street, Ste. 454 Torrance, CA 90501	LIT		\$1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor.
as reported on Schedule E